

STATE OF NORTH CAROLINA
COUNTY OF Yadkin **YEAR 2015**

APPLICATION FOR PROPERTY TAX RELIEF

ELDERLY OR DISABLED EXCLUSION (G.S. 105-277.1)

Instructions:

You must provide a copy of your Federal Income Tax Return for 2014. If you did not file a tax return copies of all income, wages, interest, dividends, IRA distributions, pensions, annuities, Social Security Statement, and a copy of your Driver License, must be returned with this application before June 1st of 2015.

Requirements: Income level \$29,000.00 or less, and must be 65 by January the 1st 2015, or totally and permanently disabled, with a Certification of Disability from doctor.

Property ID Number: Parcel # _____ **MH#** _____ **Account #** _____

Name of Applicant: _____ **D.o.B:** _____ **M** _____ **D** _____ **Y** _____
Last First MI D.o.D. _____ M _____ D _____ Y

Name of Spouse: _____ **D.o.B:** _____ **M** _____ **D** _____ **Y** _____
Last First MI

If Spouse doesn't retain Applicant's name must have copy of marriage license. D.o.D. _____ M _____ D _____ Y

Residence Address: _____
Street or P. O. Box
City State zip code

Mailing Address : _____
(If different) Street or P. O. Box

Telephone Number: (H) _____ **(C)** _____ **Fire District Code** _____

Contact Person/Phone : _____ **Phone** _____

Please Circle: Do you live in a House or Manufactured Home? Manufactured Home what year _____.

Circle One:

Yes No Is this property your permanent legal residence? Address of secondary residences (if any) _____

Yes No Does your spouse (if applicable) live with you in the residence? If you answer **No**, provide your spouse's address: _____

Yes No Are you or your spouse currently residing in a health care facility? If you answer **Yes**, circle one (applicant / spouse) and indicate current length of stay: _____
Are you renting your house? _____

Yes No Do you and your spouse (if applicable) own 100% interest in the property? If you answer **No**, list all owners and their ownership percentage:

Owner _____ % Owner _____ %

Owner _____ % Owner _____ %

Note: Separate applications are required for each owner that is claiming property tax relief. If a husband and wife own the property, only one application is *required*.

Multiple Owners: Benefit limitations may apply when there are multiple owners. Each owner must file a separate application (other than husband and wife). If eligible, each owner may receive benefits under the Elderly or Disabled Exclusion.

Yes No As of January 1, were you and your spouse (if applicable) both less than 65 years of age **and** at least one of you was totally and permanently disabled? If you answer **Yes**, you must file Form AV-9A Certification of Disability.

Requirements:

1. File Form AV-9A Certification of Disability if you are not at least 65 years of age.
2. Complete Part 3. Income Information.

Must have a copy of Federal Income Tax Return if filing taxes. If you do not file a Tax Return, you must send copies of: Interest, Dividends, Capital Gains, IRA Distributions, Pensions, Social Security Statement or any other income statements you receive.

3. Complete Part 4. Affirmation and Signature.

Part 3. Income Information

Social Security Number (SSN) disclosure is mandatory for approval of the Elderly or Disabled Exclusion and will be used to establish the identification of the applicant. The SSN may be used for verification of information provided on this application. The authority to require this number is given by 42 U.S.C. Section 405(c)(2)(C)(i). The SSN and all income tax information will be kept confidential. The SSN may also be used to facilitate collection of property taxes if you do not timely and voluntarily pay the taxes. Using the SSN will allow the tax collector to claim payment of an unpaid property tax bill from any State income tax refund that might otherwise be owed to you. Your SSN may be shared with the State for this purpose. In addition, your SSN may be used to garnish wages or attach bank accounts for failure to timely pay taxes.

Social Security Number: _____ - _____ - _____
Applicant

Spouse

Requirements:

1. You must provide a copy of your individual Federal Income Tax Return for the previous calendar year 2013 (unless you do not file a Federal Income Tax Return). Married applicants filing separate returns should submit both returns. If you have not filed your Federal Income Tax Return at the time you submit this application, submit a copy when you file your return. Your income tax returns are confidential and will be treated as such. **Your application will not be processed until the income tax information is received.** Please check the appropriate box concerning the submission of your Federal Income Tax Return. Note: Must send copies of forms showing income with application. Federal Income Return plus social security for Total.

☐ **Federal Income Tax Return submitted with this application.**

☐ **Federal Income Tax Return will be submitted when filed with the IRS.**

☐ **I will not file a Federal Income Tax Return with the IRS for the previous calendar year.**

2. Provide the income information requested below for the previous (2014) calendar year. Provide the total amount for both spouses. **If you do not file a Federal Income Tax Return, you must attach copies of any items you receive income, that you reported below (W-2, SSA-1099 Social Security Statement, 1099-R Distribution from Pensions, annuities, Retirement or Profit Sharing Plan, IRS's, 1099-INT Interest Income, 1099-DIV Dividends and Distributions, financial institution statements, etc.).**

a. Wages, Salaries, Tips, etc.....	\$ _____
b. Interest (Taxable and Tax Exempt).....	\$ _____
c. Dividends.....	\$ _____
d. Capital Gains.....	\$ _____
e. IRA Distributions.....	\$ _____
f. Pensions and Annuities.....	\$ _____
g. Disability Payments (not included in Pensions and Annuities).....	\$ _____
h. Social Security Benefits (Taxable and Tax Exempt).....	\$ _____
i. All other moneys received (Describe in Comments Section).....	\$ _____
Total.....	\$ _____

Comments: _____

**INFORMATION IS SUBJECT TO VERIFICATION WITH THE NORTH CAROLINA
DEPARTMENT OF REVENUE.**

Part 4. Affirmation and Signature

AFFIRMATION OF APPLICANT – Under penalties prescribed by law, I hereby affirm that, to the best of my knowledge and belief, all information furnished by me in connection with this application is true and complete.

Applicant's Name (please print)

Applicant's Signature

Date

Spouse's Name (please print)

Spouse's Signature

Date

**Application must be received by the County Tax Assessor
by June 1st to be timely filed.**

This application must be filed with the County Tax Assessor. **Do not send this application to the North Carolina Department of Revenue.** Please return to the Yadkin County Tax Assessor Office: PO Box 1217, Yadkinville, NC 27055 or if questions please call 679-4221.

Office Use Only:

AV-9A Required: Y / N

Approved: Y / N Date: _____ By: _____

AV-9A Received: Y / N Date: _____ Comments: _____

FTTR Required: Y / N

FTTR Received: Y / N

Date: _____

Income: \$ _____

SWF _____ TSWF _____ Date: _____ By: _____

MHP # _____

Comments: _____

STATE OF NORTH CAROLINA

CERTIFICATION OF DISABILITY
for PROPERTY TAX EXCLUSION (G.S. 105-277.1)

Applicant's Name: _____
Last First MI

Address: _____ Date of Birth: _____ Mo Day Yr

_____ Social Security Number: _____ - _____ - _____

Telephone Number: (H) _____ (W) _____ (C) _____

Social Security Number (SSN) disclosure is mandatory for approval of the Property Tax Exclusion under G.S. 105-277.1 and will be used to establish the identification of the applicant. The SSN may be used for verification of information provided on this application. The authority to require this number is given by 42 U.S.C. Section 405(c)(2)(C)(i). The SSN and all income tax information will be kept confidential. The SSN may also be used to facilitate collection of property taxes if you do not timely and voluntarily pay the taxes. Using the SSN will allow the tax collector to claim payment of an unpaid property tax bill from any State income tax refund that might otherwise be owed to you. Your SSN may be shared with the State for this purpose. In addition, your SSN may be used to garnish wages or attach bank accounts for failure to timely pay taxes.

DO NOT USE THIS FORM TO CERTIFY DISABILITY FOR THE DISABLED VETERAN EXCLUSION (G.S. 105-277.1C). IT IS A DIFFERENT PROGRAM. YOU MUST OBTAIN A VETERAN'S DISABILITY CERTIFICATION DIRECTLY FROM THE APPROPRIATE FEDERAL AGENCY.

This section can only be completed by a physician licensed to practice medicine in North Carolina or by a governmental agency authorized to determine qualification for disability benefits.

Evidence that someone receives disability payments is not evidence of total and permanent disability.

Definition: G.S. 105-277.1(b)(4) Totally and permanently disabled. – A person is totally and permanently disabled if the person has a physical or mental impairment that substantially precludes him or her from obtaining gainful employment and appears reasonably certain to continue without substantial improvement throughout his or her life.

CERTIFICATION OF DISABILITY: I affirm that I am qualified and authorized to make this determination.

Circle: YES NO I certify that the applicant is currently totally and permanently disabled as defined above in G.S. 105-277.1(b)(4).

Circle: YES NO I certify that the applicant was under my care as of January 1 of this year and was totally and permanently disabled on that date.

Signature: _____

Date: _____

Print Name: _____

Phone: _____

Title: _____

License No: _____

Name of Medical Practice or Government Agency: _____